

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

FILING DATE

APPLICANT(S)

101534644

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	31						53						
4	31						54						
5	31						55						
6							56						
7							57						
8							58						
9							59						
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11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19		01					69						
20	/						70						
21	/						71						
22	/						72						
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27	/						77						
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31	/						81						
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33	/						83						
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35	/						85						
36	/						86						
37	/						87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	34												
TOTAL CLAIMS	37												